

**Rehabilitation Unit  
California Division of Workers' Compensation**

**Form RU-94**

**NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK**

**Purpose:**

To document an offer of modified or alternative work by the employer at the time of injury. The form also documents the acceptance or rejection of modified or alternate work by the injured employee. The RU-94 is to be used only for injuries which occur on or after 1-1-94.

**Submitted by:**

The claims administrator obtains the response of the injured worker and submits the form to the Rehabilitation Unit.

**When prepared:**

The form is prepared at the time of the offer of modified or alternative work by the employer or claims administrator. This form is not to be used to document a plan for modified or alternate work offered subsequent to advising the worker that modified or alternative work was **not** available.

**Where submitted:**

Initially to the injured worker within 30 days of the acceptance or rejection of the offer, then it is submitted to the Rehabilitation Unit, together with a RU-105.

**Form completion:**

The employer or claims administrator completes the information in the top box. The employee completes the section so marked.

**Accompanying document:**

The RU-94 is submitted with a RU-105 Notice of Termination. The submitted RU-94 must also include a list of duties required of the position and wages offered.

**Rehabilitation Unit action:**

The Rehabilitation Unit will not take action unless the employee objects by filing a RU-103, Request for Dispute Resolution, to the Notice of Termination.

**Note: Once the offer of employment is made, the employee has 30 days from the date of the offer, to accept or reject the offer. If the offer is not accepted or rejected, it is assumed the offer is rejected. The employer has the option to file a RU-105, Notice of Termination, or extend the 30-day period by mutual agreement.**